

IN UNITED STATES		MAGISTRATE	DISTRICT	<input type="checkbox"/> APPEALS COURT or	<input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE					
USA	V.S.	<i>MOTT</i>			
		FOR		LOCATION NUMBER	
		AT			
PERSON REPRESENTED (Show your full name)				<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input checked="" type="checkbox"/> Defendant--Adult  2 Defendant - Juvenile  3 Appellant  4 Probation Violator  5 Parole Violator  6 <input type="checkbox"/> Habeas Petitioner  7 <input type="checkbox"/> 2255 Petitioner  8 <input type="checkbox"/> Material Witness  9 <input type="checkbox"/> Other </div> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px;">DOCKET NUMBERS</div> <div style="border: 1px solid black; padding: 2px;">Magistrate</div> <div style="border: 1px solid black; padding: 2px;">District Court</div> <div style="border: 1px solid black; padding: 2px;">Court of Appeals</div> </div> </div>	
<i>LOKRAINE MOTT</i>					
CHARGE/OFFENSE (describe if applicable & check <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor)					

EMPLOYMENT	Are you now	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Am Self-Employed
	Name and address of employer: _____		
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment	
	How much did you earn per month? \$		
ASSETS	<div style="display: flex; justify-content: space-between;"> <div> If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, how much does your Spouse earn per month? \$ </div> <div> If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> RECEIVED SOURCES </div> </div>		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	\$ _____ \$ _____ \$ _____	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND DESCRIBE IT	VALUE	DESCRIPTION
		_____	_____
		_____	_____
		_____	_____

OBLIGATIONS & DEBTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them		
	<div style="display: flex; justify-content: space-between;"> <div> SINGLE  MARRIED  WIDOWED  SEPARATED  DIVORCED </div> <div style="font-size: 1.5em;"><i>not answered on advice of attorney</i></div> </div>				
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	<div style="display: flex; justify-content: space-between;"> <div> 176 per month  Cable  Electric  Phone </div> <div> Jenny &amp; Parents  \$ _____  \$ _____  \$ _____ </div> </div>				

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)X *Ms. Lorraine Mott*

<b>FINANCIAL AFFIDAVIT</b>	
IN THE CASE	IN UNITED STATES    MAGISTRATE    DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)
USA    v.s. <u>Sunny Mohamed</u>	FOR _____ AT _____
PERSON REPRESENTED (Show your full name) <u>Sunny Mohamed Mohamed</u>	LOCATION NUMBER _____ DOCKET NUMBERS Magistrate _____ District Court _____ Court of Appeals _____
CHARGE/OFFENSE (describe if applicable & check <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor)	1 <input checked="" type="checkbox"/> Defendant—Adult 2 Defendant - Juvenile 3 Appellant 4 Probation Violator 5 Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other

<b>EMPLOYMENT</b>	Are you now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Am Self-Employed	Name and address of employer: <u>Gamal Taxi, PO Box 60, Ks1, Midale 02131</u>
	IF YES, how much do you earn per month? \$	<u>3000-3500</u>	IF NO, give month and year of last employment
	If married is your Spouse employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$
	IF YES, how much does your Spouse earn per month? \$		
<b>ASSETS</b>	<b>OTHER INCOME</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED _____ SOURCES _____ IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____	
	<b>CASH</b>	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    IF YES, state total amount \$ <u>1500.00</u>	
	<b>PROPERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ <u>30,000</u> <u>total pd R102</u> DESCRIBE IT <u>Gamal Taxi</u> <u>140,000</u> <u>Garage, 450-452 2nd St. Fall River</u> <u>Gammels Taxi</u> <u>260,000</u> <u>my share of this media union is 1/2</u>	
<b>OBLIGATIONS &amp; DEBTS</b>	<b>MARITAL STATUS</b>	Total No. of Dependents	List persons you actually support and your relationship to them
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED		<u>Gamal Mohamed (son)</u>
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)		
	APARTMENT OR HOME: <u>Shawmut St. (rent &amp; utilities)</u> <u>Gamal Taxi media union</u> <u>Sunny's Taxi</u>	Creditors Total Debt Monthly Paymt.	\$ <u>0</u> \$ <u>140,000</u> \$ <u>0</u> \$ <u>550.00</u> \$ <u>2100.00</u> \$ <u>0</u>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

7/20/2004SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Sunny Mohamed